PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

10646587

CLAIMS AS FILED - PART I (Column 1)							(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS				œ0			-		RATE	FEE	1	RATE	FEE
FOR				NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS				&0 mi	nus 20=	•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS				3 . m	inus 3 =	*			X42=		OR	X84=	,
MULTIPLE DEPENDENT CLAIM PRESENT									+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter							olumn 2		TOTAL	37.5	OR	TOTAL	
CLAIMS AS AMENDED - PART II							40 1 01		SMALL		OR	OTHER SMALL	
		(Colur		· · ·	(Colur		(Column 3)	T	SWALL	 		SWALL	
AMENDMENT A		REMAINING AFTER AMENDMENT			NUMB PREVIO PAID F		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	,	Minus	** 0	20	=		X\$ 9=		OR	X\$18=	
	Independent	* /	OF MI	Minus	MAN (S AIM	= /	1 [X42=	43 11	OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=											OR	+280=	
AD										1300	OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)											•		
AMENDMENT B		CLA REMA AFT AMEND	INING ER		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	٠		Minus	**		=		X\$ 9=	,	OR	X\$18=	
	Independent	*		Minus	***		=] [X42=		OR	X84=	
	FIRST PRESE	NTATION	OF ML	JLTIPLE DE	PENDENT	CLAIM		J ŀ		•	Un.		
								L	+140=		OR	+280=	
								A	TOTAL ADDIT, FEE		OR	TOTAL Addit. Fee	
	/	(Colur	mn 1)		(Colur	nn 2)	(Column 3)	L					
AMENDMENT C		CLAI REMAI AFT AMEND	INING ER		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	$\Big] \Big[$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=] [X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=	 	X42=.		OR	X84=	
ب	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										UR		
											OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE													
	The "Highest Num	ber Previo	ously Pai	d For (Total o	or Independe	ent) is the	highest numb	r four	nd in thapp	ropriate box	in coi	umn 1.	